

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 28 March 2012

Measles is still endemic in many countries of Europe due to a low uptake of immunisation. In the past decade the susceptible population has increased, leading to a resurgence of the disease. Outbreaks or clusters were reported by 14 of the 29 reporting EU and EEA countries so far in 2012. The highest numbers were noted in Romania and Spain followed by France, Italy and the United Kingdom. In neighbouring Ukraine an ongoing major outbreak is of concern, with more than 6 000 cases reported so far in 2012.

→Update of the week

During 24-30 March there were no new outbreaks detected in the EU Member States. However, the outbreaks in Romania and the United Kingdom are still ongoing and spreading.

Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 22 March 2012

Following the 2009 pandemic, vaccine-preventable influenza transmission in Europe has returned to its seasonal epidemic pattern with peaks seen during winter months. ECDC monitors influenza activity in Europe during the winter seasons and publishes the results on its website in the *Weekly Influenza Surveillance Overview*.

→Update of the week

During week 12, decreasing trends were reported by 21 countries, 14 of which had reported such trends for at least two consecutive weeks.

Non EU Threats

Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005

Latest update: 29 March 2012

The influenza A(H5N1) virus, commonly known as bird flu, is fatal to humans in about 60% of human infections, and sporadic cases continue to be reported, usually after contact with sick or dead poultry from certain Asian and African countries. There are currently no indications from a human health perspective of significant changes in the epidemiology associated with any clade or strain of the A(H5N1) virus, and no human cases have been reported from Europe. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

→Update of the week

On 26 March 2012, WHO acknowledged a new human case of avian influenza A(H5N1) in Indonesia.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 29 March 2012

Dengue fever is one of the most prevalent vector-borne diseases in the world, affecting an estimated 50-100 million people each year, mainly in the tropical regions of the world. There are no important recent developments in global dengue epidemiology. However, the identification of sporadic autochthonous cases in non-endemic areas in 2010 and 2011 highlights the risk of occurrence of locally acquired cases in EU countries where the competent vectors are present.

→Update of the week

There have been no reports of autochthonous dengue infections in Europe so far in 2012.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 29 March 2012

Polio, a crippling and potentially fatal vaccine-preventable disease, is close to being eradicated from the world after a significant global public health investment and effort.

The WHO European Region is polio-free. Worldwide, WHO reported 650 cases in 2011. Thirty-six cases have been reported in 2012 so far.

→Update of the week

During 23-29 March, five new polio cases with symptom onset in 2012 were reported to WHO.

II. Detailed reports

Measles - Multistate (EU) - Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 28 March 2012

Epidemiological summary

I. European Union Member States

UK –update on the ongoing outbreaks

Source: HPA

The UK reported more than 1 000 cases during 2011. There are several ongoing outbreaks in the country since January 2012.

[Cheshire & Merseyside](#)

There are now 113 confirmed cases since the end of January. A further 43 probable cases are being investigated. This outbreak is now the largest in the North West of England since the MMR vaccine was introduced in 1988.

Romania – update on the ongoing outbreaks

Source: media

Romania has reported more than 4 000 cases during 2011 with a peak in May and a decline in the following months. The number of cases started to increase after the summer with 388 cases reported in November and 544 in December. The outbreaks continued this year and during last week the media reported an increased number of cases in [Suceava](#) and [Sibiu](#).

Spain – updates

Source: media

[Navarra](#)

In Navarra, a case of measles was detected, involving a child of 18 months in a nursery. This is the second case in Navarra since 2006, the last case being reported in 2010. All contacts of the child have been offered vaccination or gammaglobulin.

[Valencia](#)

Media report that in the last 3 months there were more than 500 cases of measles in the Comunidad Valenciana (including 455 cases in the province of Alicante).

II. Neighbouring countries

Ukraine

Source: [Ministry of Health](#)

As of 23 March 2012, 6 043 cases of measles were reported since the beginning of January.

Web sources: [ECDC Monthly Measles Monitoring 19 March 2011](#) | [MedISys Measles Webpage](#) | [EU-VAC-net ECDC](#) | [ECDC measles factsheet](#) | [ECDC RRA on the measles outbreak in Ukraine](#) | [WHO Epidemiological brief](#) | [JAMA Progress in Global Measles Control, 2000-2011](#) | [Rubella and CRS in Finland](#)

ECDC assessment

A decline in the uptake of immunisation in the past decade in Europe has increased the susceptible population, and measles has re-emerged in the region. When the number of susceptible individuals increases, the incidence of measles increases as well, and the interval between epidemic peaks decreases.

Transmission follows the traditional seasonal pattern of measles. Last year's outbreaks in Europe peaked in May and declined over the rest of the year. The number of reported cases started to increase in some of the EU Member States (Romania and France) towards the end of 2011. To date, 14 countries have reported cases during 2012, indicating the start of the measles transmission season. However, with the exception of Romania, Spain and the UK, the reported numbers so far this year are significantly lower than those reported by EU Member States for the corresponding period last year.

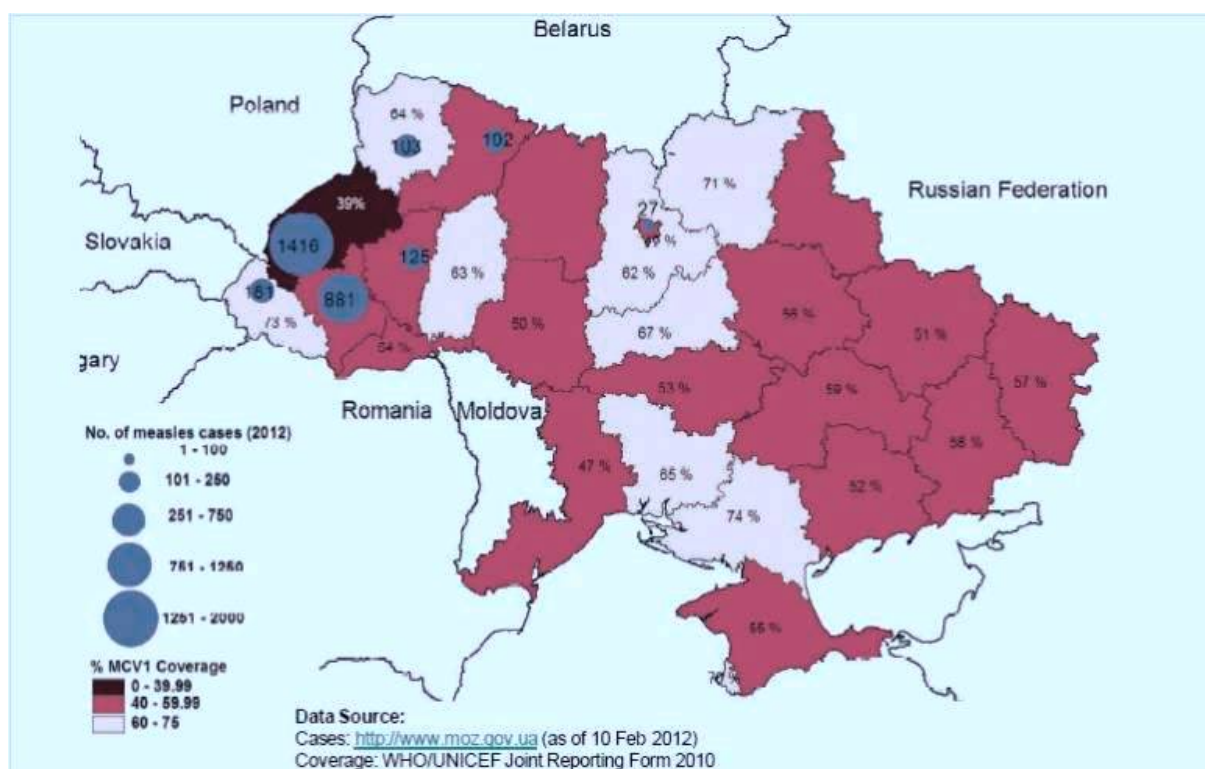
ECDC closely monitors measles transmission and outbreaks in the EU and neighbouring countries in Europe through enhanced surveillance and epidemic intelligence activities. The countries in the WHO European Region, which includes all EU Member States, have committed to eliminate measles and rubella transmission by 2015. Elimination of measles requires consistent vaccination coverage above 95% with two doses of measles vaccine in all population groups, strong surveillance and effective outbreak control measures.

Actions

In June 2012, Ukraine and Poland will host the UEFA European Championship with millions of visitors expected from several European countries. ECDC has prepared a [rapid risk assessment](#) to assess the risk of visitors to Ukraine becoming infected and subsequently importing and spreading measles within the EU on their return.

Measles cases in 2012 and MCV1 coverage in 2010 by Region, Ukraine

WHO



Influenza - Multistate (Europe) - Monitoring 2011-2012 season

Opening date: 2 December 2011

Latest update: 22 March 2012

Epidemiological summary

The 2011/2012 influenza season started late and has been without any clear geographic progression.

In week 12/2012, decreasing trends were reported by 21 countries, 14 of which had reported such trends for at least two consecutive weeks. Of 940 sentinel specimens tested, 403 (42.9%) were positive for influenza virus. The proportion of sentinel specimens testing positive for influenza virus has decreased over four consecutive weeks. Of the sentinel specimens that tested

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positive for influenza virus, 75.2% were type A and 24.8% type B. The proportion of influenza B viruses has continued to increase.

There has been a degree of heterogeneity in the antigenicity of the A(H3) viruses this season and an imperfect fit with the A(H3) component in the seasonal vaccine. Since week 40/2011, a total of 1 513 severe acute respiratory infection cases, including 79 fatalities, have been reported by seven countries. Of these cases, most were influenza-related. No resistance to neuraminidase inhibitors (oseltamivir and zanamivir) has been reported so far this season.

Web source: [ECDC Weekly Influenza Surveillance Overview](#)

ECDC assessment

The decrease in the proportion of influenza-positive sentinel specimens together with the growing number of countries reporting continuously decreasing trends in the incidence of influenza-like illness or acute respiratory infection indicate that the epidemic peak has passed in most European countries. As often observed late in the season, the proportion of influenza B viruses among the detected influenza viruses has been increasing over the past six weeks.

Influenza A(H5N1) - Multistate (world) - Monitoring human cases

Opening date: 15 June 2005

Latest update: 29 March 2012

Epidemiological summary

On 26 March 2012, WHO confirmed a new human case of avian influenza A(H5N1) virus infection from Nusa Tenggara Barat Province, Indonesia. The 17-year old male case died on 9 March. Epidemiological investigations indicated that there were sudden poultry die-offs in his neighbourhood.

Since 2003, 598 cases (including 352 deaths) have been notified in 15 countries. Of these, 20 (including 12 deaths) were notified in 2012.

Web sources: [ECDC Rapid Risk Assessment](#) | [WHO Avian Influenza](#) | [Avian influenza on ECDC website](#)

ECDC assessment

The H5N1 virus is fatal to humans in about 60% of cases. Most human infections are the result of direct contact with infected birds, and the World Health Organization notes it has never identified a 'sustained human-to-human spread' of the virus since it re-emerged in 2003. Countries with large poultry populations in close contact with humans are considered to be most at risk of bird flu outbreaks. Hong Kong reported the world's first recorded major outbreak of bird flu among humans in 1997, when six people died.

ECDC follows the worldwide A(H5N1) situation through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC re-assesses the potential of a changing risk for A(H5N1) to humans on a regular basis. There are currently no indications that from a human health perspective there is any significant change in the epidemiology associated with any clade or strain of the A(H5N1) virus. This assessment is based on the absence of sustained human-to-human transmission, and on the observation that there is no apparent change in the size of clusters or reports of chains of infection. However, vigilance for avian influenza in domestic poultry and wild birds in Europe remains important.

Dengue - Multistate (world) - Monitoring seasonal epidemics

Opening date: 20 April 2006

Latest update: 29 March 2012

Epidemiological summary

Europe: There have been no autochthonous cases in 2011 or in 2012 to date.

Worldwide:

No significant developments reported recently in Africa, North America, Central America (no update on outbreaks in El Salvador), or the Caribbean.

In South America, outbreaks are still ongoing in Bolivia, Brazil, Ecuador and Paraguay. In Rio de Janeiro State (Brazil), this year's

cases have already passed 31 000. In Ecuador, in the first 3 months of 2012, the number of dengue cases in Ecuador reached 3 148, a 184% increase compared to the same period in 2011, and health authorities have warned of a possible complication of the epidemiological situation due to the persistence of rainfall in vast territories of the country. In Paraguay, confirmed cases this year are now 1 783, an increase of 500 in just one week; 70% of cases are in the Asuncion metropolitan area.

In Asia, cases are still being reported in Pakistan (Punjab and Karachi), where intensive awareness and control campaigns are taking place. There are no updates regarding the situation in East Timor.

Web sources:

[DengueMap CDC/HealthMap](#) | [MedISys dengue](#) | [ProMED latest update](#) | [WPRO dengue update](#) | [ECDC dengue fever factsheet](#) | [PAHO Brazil press release](#) | [MoH Brazil summary 2012](#)

ECDC assessment

ECDC monitors individual outbreaks, seasonal transmission patterns and inter-annual epidemic cycles of dengue through epidemic intelligence activities in order to identify significant changes in disease epidemiology. Of particular concern is the potential for the establishment of dengue transmission in Europe. Local transmission of dengue was reported for the first time in France and Croatia in 2010 and imported cases were detected in other European countries, highlighting the risk of locally acquired cases occurring in countries where the competent vectors are present.

Poliomyelitis - Multistate (world) - Monitoring global outbreaks

Opening date: 8 September 2005

Latest update: 29 March 2012

Epidemiological summary

The weekly WHO polio update of 28 March 2012 reports five new polio cases with disease onset in 2012: three cases in Nigeria, one case in Pakistan and one case in Chad. All cases were wild poliovirus type 1 (WPV1).

Thirty-six cases with onset of disease in 2012 have been reported globally compared with 78 for the same period in 2011.

Web sources: [Polio Eradication: weekly update](#) | [MedISys Poliomyelitis](#)

ECDC assessment

ECDC follows reports of polio cases worldwide through epidemic intelligence in order to highlight polio eradication efforts and to identify events that could indicate the re-introduction of wild poliovirus into the EU.

The WHO European Region is polio-free. The last polio cases in the European Union occurred in 2001 when three young Bulgarian children of Roma ethnicity developed flaccid paralysis from WPV. Investigations showed that the virus originated from India. The latest outbreak in the WHO European Region was in Tajikistan in 2010 when WPV1 imported from Pakistan caused an outbreak of 460 reported cases. The last indigenous WPV case in Europe was in Turkey in 1998. An outbreak in the Netherlands in a religious community opposed to vaccinations caused two deaths and 71 cases of paralysis in 1992.

The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.